attended dacaasad from

19____; death is said

Date of onset

10-20

_ds.

STATE OF MARYLAND-CERTIFICATE OF DEATH

B.—WRITE PLAINET, WITH UNFADING INK-THIS IS A PERMANENT RECO Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—WRITE PLAINET, WITH	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S

MARGIN RESERVED FOR BINDING

1.

PLACE OF DEATH _	(82-0)	101	
County Howard		Registration Dist. No. 194	
Village or City Clarksville, Md	No. (If death occurred in a hounital or institution	St.,W	ard
Langth of rasidence in city or town where death occurrad			_ds.
FULL NAME William Carter	If U. S. Veteran, sp	ecify WAR	

Villag	e or City	Clarks	1111e,Ma		eath occurred in a hospital or instit	ntian ains in NIAME in an	St.,
Langth	of rasidence in ci	ty or town where	death occurrad		ds. How long in U.S. if		
			Carter		If U. S. Veteran	, specify WAR	
(a) R	esidence: No	Clark	sville,	Md.	St.,Ward.	If nonresident give cit	
PER	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF	DEATH
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write the word) 1 e d	21. DATE OF DEATH		Day) (193
5a. If married HUSBAN (or) WIF	, widowad, or dive ID of E of Jos	ephine	Carter		INQUIRY	Y CERTIFY, Th	, 1
	BIRTH (month, da	y, and year)	6-9-187		I last saw h 1m e PAI		
7. AGE	Yaars 63	Months 4	Days	If LESS than I day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were as follows:		
9. Indus	e, profassion, or p ind of work dona, AWYER, BOOKKEI stry or businass in ork was dona, as AW MILL, BANK,	as SPINNER, EPER, etc n which SILK MILL,	Labore	r	Cerebral He		1
y	deceasad last wo his occupation (mo aar) ACE (city or town) n or country)	nth and 10∞]	936 spe	ime (yaars) nt in this Life upation	Other Contributory Causes of Imp	portance:	
□ 13. NAMI		min Car					
H 14. BIRT	HPLACE (city or to Stata or country)	own)	yland		Name of operation What test confirmed diagnosis?		Date of
15. MAID	EN NAME J	ane Dor	rsey		23. If daath was due to externel co		
	HPLACE (city or to Stata or country)				Accident, suicide, or homicida? Where did injury occur?	Date of	f injury
17. INFORMA (Addr	NT Jose		Carter		Specify whether Injury occurred	(Specify city or town, in INDUSTRY, in HOME, or	

18. BURIAL, CREMATION, OR REMOVAL
Place Hopkins Chapel Date 10-22-3619 19. UNDERTAKER F.C. Higinbothom Jr. (Address) Ellicott City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining-engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1/ WON 2 Tago	5.		
Other contributory causes of importance:	- 11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10448
1. PLACE OF DEATH	- War 10.17
County Hearing Howard Co.	Mal. Registration Dist. No. 195
Village pricity Jessey	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maggie Leng Dav	
(a) Residence: No. Olysup Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grite the word) Married Married	21. DATE OF DEATH /6- 2 / (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of James R. Davis	22. 4 HEREBY CERTIFY. That I attended deceased from 1936, to 10-21- 1936
6. DATE OF BIRTH month, day, end year) 7. AGE Years Months Oays If LESS than 1 day,hrs.	I last saw h. 49 alive on 40-21- 1936; death is seid to have occurred on the date stated above, at 11:0 H m.
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, of particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Carcinoma of Both inknow
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	overies &
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) Plant (Stete or country)	Other Contributory Causes of importance: Severalized Carcinoma
The state was graded	Tous .
13. NAME Morgan Serving Dasles 14. BIRTHPLACE (city or town) Perfect (State or country)	Name of operation. Date of 4 to 34
- ROUN CARREST	What test confirmed diagnosis? Wes there an autopsy? 20 23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Wanna Jany Judy 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury,19
17. INFORMANT James B. Davis	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR BEMOVAL Of Jacona Fulliers Compose Oct. 24, 1936	Manner of injury
19. UNDERTAKER Existen Society and	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILEO 1 0 2 2 3 619 manlistifler	(Signed) / Survey M. D. (Address) Fale well well
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Data of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroentcritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 5. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING FION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Mario 1971 4 3
County Idourand	Registration Dist. No.
Village or City www. Havetands mell	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurredyrs,mos.	사용 (B. 1912.A.) B. 1942. [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
2. FULL NAME ROMES Wesley Burn	kett World U. S. Weteran, specify WAR
(a) Residence: No. Brookville, man loud	· St. Ward. Howard Co
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad	
(or) WIFE of Eval B. Levrey.	1 HEREBY CERTIFY That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) James 0, 187, 3	I last saw how elive on Oct 2 , 1936; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date statad shove, at 12.50 A.m.
63 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
8 Trade profession or particular	A
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma Colon
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
SAW MILL, BANK, etc	There stepart des-
this occupation (month and 6/1935 spent in this 100 occupation occupation	Jany Colon)
12. BIRTHPLACE (city or town)	Other Contributory Canses of importante:
(State or country) Maryland.	Jovenna
13. NAME Rennes Cloreces	
13. NAME Remus Worsey 14. BIRTHPLACE (city or town)	Name of operation Explicatory Date presure 5-3
(State or country) maryland.	Whet test confirmed diagnosis? Was there en autopsy? LLD
15. MAIDEN NAME Lydia Burkett	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lyclia Burkett 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
E (State or country) maryland.	Where did injury occur?
17. INFORMANT mo Eva Daney. (Address) Brankingle Mile.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Farrily Cerully Date 10-7,1936	Nature of Injury
19. UNDERTAKER 7: C blig intothery	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Ellight City, Jisa.	If so, specify Carron
20. FILED Cler 1, 193 6 A Malulo Registrar.	(Signed) (Address) / 8 2 2 - 4 liv - Wash D.C.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19450
1. PLACE OF DEATH	(131)
County Arward	Registration Dist. No. 191
Village or City Perel Prechard	No. St. Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Pauna . Caston	
(a) Residence: No. Pine Orchard	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH
Female White Nisow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
william Paston	Oct 15 1936, to Oct 27 1936
6. DATE OF BIRTH (month, day, and year) Mark 3 186 6	I last saw h e alive on Oct 26, 19 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 7 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	o Chrome Sutentities for
9. Industry or business in which	Centrities 1/1921
SAW MILL, BANK, etc	7-1-10
- Sport III tills	4
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Thomas Easton	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME Elizabetta Bastone 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mas Kon Brandenburg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Pine Ofchord md, (
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place / Hound . Carrie Date Con 30, 19 36	Nature of injury
19. UNDERTAKER Paston Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ellicaft Octor Md.	If so, specify
20. FILEO Oct. 30, 19-36 John B Lougham	(Signed) It M. J. Carrace M. D.
Registrar.	(Address) B. Dheere Cey of My
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ICI	I.	1	A	١	Ĺ	L	L	L	١	١	١	A	ľ	Į	I	1	1	4	ı	_	4	4	1	1	4	1	1	4	4	4	4	4	4	4	4	1	1	1	4			Ĺ.	Ĺ.	Ĺ.	١.		Ĺ.	Ł.	Į	I	I	J	į	ì.	j	j	j	j	j	j	j	j	j	j	j	j	j	j	j	į	į	ì	ì	j	j	ì	į	j	j	ì	į	į	ì	ì	ì	ì	į	j	ì	į	į	j	Ś	2	Š	Ľ	3	ı	L	1	t.	J	,	ľ	ŀ	J			Ľ	3		Š	В	I		į	2	ì	I	1	ľ	ų	
IC	ì	ì	J	I.	1/	IA	IA	IA	IA	LA	L	L	14	L	I.	I.	I.	I.	I	I	I	I	I	I.	I	I	I.	I.	I	I	I	I	I	I	I	I	I	I	I	I	I	I	J	J	J	I	I	J	J	Į				į	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	ì	į	į	ì	ì	ì	ì	ì	į	ì	ì	ì	į	į	ì	ì	ì	ì	į	ì	ì	į	į	ì	1	310	SIC	SIC	SIC	YSIC	YSIC	YSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	PHYSIC	PHYSIC	PHYSIC	PHYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	34 PHYSIC	BA LHASIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	LS BY LHASIC	IS BY PHYSIC	TS BY PHYSIC	LLS BY LHASIC
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AGE should be stated EXACTLY.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAI

PHYSICIANS should state

of OCCUPA-

Exact statement

1. PLACE OF DEATH	(82-72)	0401
County Howard	Registration Dist. No. (93	,
Village or City Cooksville	NoSt.	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and isgds. How long in U.S. If of foreign birth?yrsmm	
\mathcal{E} \mathcal{L} . \mathcal{L} .	1/	05
2. FULL NAME Colsee Man Jan	her	
(a) Residence; No(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Crute
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Q #	103 6
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of William of Gailher	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) June 1 19 17	I tast saw her alive on Oct 3 136	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
19 Table 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.6
8. Trade, profession, or particular kind of work done as SPINNER		Date of onset
kind of work done, as SPINNER, Ause work	Smus Months	10-3-34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
Notes and in particular of par		
10 PURTURE OF CO.	Other Contributory Causes of importance:	9-21-3
12. BIRTHPLACE (city or town) Aoward (State or country)	Septici Sou Thisal	0-28-70
13. NAME Joseph Dihon	- John Marine aller	
13. NAME Joseph Wikowa 14. BIRTHPLACE (city or town) Bruard Co.	Name of operation Date of	-
(State or country)	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME mary Worthungton	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME mary Worthungton 16. BIRTHPLACE (city or town) Award Co.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Joe Dipson	Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
(Address) Contantle Md 18. BURIAL, CREMATION, OR REMOVAL	_	
Place Buck Park Con Date Oct 7 19.36	Manner of injury	
11 7 0 1	Nature of injury	40
19. UNDERTAKER A M Snyder (Address) mt and both	24. Was disease or injury in any way related to occupation of deceased?	-0
MI- 1= 11 Po Prail Music	(Signed)	M. D.
20. FILED COLL - 19.6 Registrar.	(Address) Desvill M.	WI. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis NOV 3 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STA	TEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1452
1. PLACE OF DEATH	To The	7400
County Howard	Registration Dist. No. 193	
Village or City Cooksvill	NoSt.,	Ward
Length of residence in city or town where death grourredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and nun	nber)ds.
2. FULL NAME Martha Louise	Taither	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH October 1 (Month) (Day)	935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dec September 13 19 36 to October 1	eased from
6. DATE OF BIRTH (month, day, and year) Quel. 11 1932	I last saw h.er. alive on September 30 ,19 36;	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:45A m.	icatii 13 3aig
4 / 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
9 Trade profession or particular		ate of onset
SAWYER, BOOKKEEPER, etc.	Acute bacterial endocarditis	9.13.5
work was done, as SILK MILL, SAW MILL, BANK, etc		
No Frade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Baltimor med. (State or country)	Other Cantributary Canses of importance: Acute broncho pneumonia	9.30.36
13. NAME Pharlee Taither		
13. NAME Charles Tarther 14. BIRTHPLACE (city or town) (State or country)	Name of operation	
018000	What test confirmed diagnosis? Was there an auto	psy?NO
15. MAIDEN NAME MUNY Dixon 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	., 19
17. INFORMANT Charles South	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL. Place Bush Fark Compose Oct. 3 1936	Manner of injury	
19. UNDERTAKER THE ME Surface (Address), mit. Combo mich	24. Was disease or injury in any way related to occupation of deceased?] If so, specify	00
20. FILED LA C. PSOUL MUNICIPAL REGISTRAT.	(Signed) // // Lawsny (Address) Sykesville, Maryland.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Examp	ole I		Example II	1
The principal cause of death a of importance were as follows: Arteriosclerosis		Date of enset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	ALCOH O	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HOL 3	July 5,1927	Peritonitis	3 days ago
	BUREAU	V. S.		
Other contributory causes of in	mportance:		Other contributory causes of importance:	-
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

Silvaia state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
CHARTACALA	statement	Management and or the party of
7 . 7	Exact	
77 77 77	classified.	
orace T	properly	certificate
2	pe	Jo
Mation should be calciuit supplied. Acts should be stated to the transferring should state	so that it may	TION is very important. See instructions on back of certificate.
ily supplied.	plain terms,	See instru
a ne calcia	DEATH in 1	y important.
Silver	OF	ver.
mation	CAUSE	TION is

STATE OF MARYL	ND-CERTIFICATE	OF DEATH
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L	0	出	4	U

1. PLACE OF DEATH		(210-an)	
County Howard			. 191
Village or City West Frie	endship	No. f death occurred in a hospital or institution, give its NAME, instead	St.,Ward
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Patient		If U. S. Veteran, specify WAR)
(a) Residence: No. Goffle	(Usual place of abode)	و کے St., Ward	or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF D	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 10 25 (Dame)	, 193 6 y) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Richard Hic	eks	22. I HEREBY CERTIFY, That INQUIRY, 19, to	I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 28	Days If LESS than 1 day,hrs.	I last saw her DEAD 10-25-3 to have occurred on the date stated above, at 4 P m.	3619; death is said
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	At home 11, Total time (years) 36 spent in thilife	Fractured Skull	10-25
12 RIDTHDI ACE (city or town)	Jersey	Other Contributory Causes of Importance:	10-25
13. NAME Arthur Stan	ley		
13. NAME Arthur Stan. 14. BIRTHPLACE (city or town) (State or country) New	Jersey	Nama of operation What test confirmed diagnosis? W	
15. MAIDEN NAME Missour 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Sol Hicks (Address) Wilmington	own	23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide? Accident Date of In Where did injury occur? West Friendshi (Specify city or town, co Specify whether injury occurred In INDUSTRY, in HDME, or in Public Highway	njury 10=259.36. O Md unity and State)
18. BURIAL, CREMATION, OR REMOVAL Place Paterson, N. J. 19. UNDERTAKER F. C. Higinbo (Address) Ellicott	thom Jr	Manner of injury Fractured Skull Nature of injury Lto Truck left ros 24. Was disease or injury in any way related to occupation of of If so, specify	
20. FILED Oct. 2.7., 19.36.	Josephan B. Loughnon Registrat.	(Signed) (Address) file A Charles	ronery M. B.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
401 3			
N COV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1/9
County Howard	Registration Dist. No. / 9 /
Village or City alluston	No.
Length of residence in city or town where death occurred yrs. 4 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Donald Tohuson	If U. S. Veteran, specify WAR
(a) Residence: No. allerton	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 16 1936	Hast saw hascon alive on Qat 20 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, ata_m.
4 /0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Deo Collis Of 23
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) alkerton Howard Co	Other Contributory Canses of importance:
(State or country)	
13. NAME Turnard C Johnson	
4. BIRTHPLACE (city or town)	Name of operation Oate of
	What test confirmed diagnosis?
Ξ 7	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Q 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT (Address) alkerton med-	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Place Tockerad Cincernate 10/28/, 1836	Nature of injury
19. UNDERTAKER Chagintathon	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Oct. 27, 1936 John B. Loughan Registrar.	(Signes) E, Martin M. D. (Address Pandolle 5 ms M. D.
If we had a sould all the Company	ALCHARCE A DAY DE CONTRACTOR AND A CONTR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	la la	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
May J. E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

That I attended deceased from

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis NOV 9 1936		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
		1915	Attack of epilepsy	1 week ago	
		1921	1921 Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	DIPP II V. S.	1			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	107-1
County Howard	Registration Dist. No. 93
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wwette Mus	us
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from 13, 19, 36, to 0, 19, 19, 36, 19, 36, death is said
7. AGE Yaars Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
Solvas, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) spant In this occupation.	Paronchiel Vuennonia
12. BIRTHPLACE (city or town) Haward Co (Stete or country)	Other Coutributory Causes of importance:
13. NAME Kar legged delerance (State or country)	Name of operation Date of What test confirmed diagnosis? Physical August there an autopsy? Mon
15. MAIDEN NAME Dealuce Numes 16. BIRTHPLACE (city or town) House ord Co (State or country)	23. If death was due to axternal causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
17. INFORMANT Haven news (Addrass) R& Het alm mul	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION OR REMOVAL Place From Strung Dete 90, 15, 1936	Manner of injury
19. UNDERTAKER M. Saffler (Address)	24. Was disease or injury in any way ralated to occupation of deceasad? If so, spacify (Signed) C. M. D. M. D. M. D.
20. FILED	(Address) MA Quina M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis C. F. J. F.	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

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	Example I		Example II		
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 9 1936	July 5, 1927	Peritonitis	3 days ago	
	7 1 7 1 7 1 V. S.				
Other contributory ca	uses of importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN	TALL CLASS A STATE LAND
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V. S. No. 1

1. PLACE OF DEATH County Howard		6	(46B)	28
Village or City R.D.#2 Woo	odhine	MA .	Registration Dist. No. 1	
		. (1	NoSi death occurred in a hospital or institution, give its NAME instead of stree	t.,Ward
Length of residence In city or town where d	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Joshua	Poole	~~~		
(a) Residence: No. Florence			St., Ward.	
PEDSONAL AND STATISTIC	(Usual place		If nonresident give city or tow	
PERSONAL AND STATISTI 3. SEX 4. COLOR OR RACE	5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEAT	Н
Male White		(gurite the word)	Oct. 10, (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I atte	ended deceased from
(or) WIFE of Ella Poo.	7.6		1933 to Oct 10	1936
6. DATE OF BIRTH (month, day, and year)	ept. 16	1860	I last saw h is aliva on Oct 9, 19	36; death is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 1:00Pm.	
76 0	24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farme	270		7
2 9. Industry or business in which		41	Coarcenoma, pylorice end of	
work was dona, as SILK MILL, SAW MILL, BANK, etc			Sumail	1935
		t in this		
yaar)		pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) HOWER (Stata or country)			- a	
	ole Mo		Sime scondary anemia	1935
E Wow	ard Co.		N 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14. BIRTHPLACE (city or town) 10W (Stata or country)		Md.	Name of operation	
E 15. MAIDEN NAME Mary E.	Duvall		23. If death was dua to external causes (VIO ENCE) fill in also the fol	
16. BIRTHPLACE (city or town) Howa	rd Co.	. = 6 /	Accident, suicide, or homicide? Data of injury	
(Stata or country)		Md.	Whera did injury occur?	
17. INFORMANT Mrs. Ella P. (Address) R.D. #2 Woodb	ine, Mo	1.	(Specify city or town, county as Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ennings Chapel	Date Oct	. 13,36	Manner of Injury	
19. UNDERTAKER Winfie	Halts	<1	24. Was disease or injury In any way related to occupation of decease If so, specify	d? ho
20. FILED WINT 18 1986 E.	Pearl	Mnow	(Signed) Johanly Grabill	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I	oli I	Example II	
The principal cause of dea of importance were as foll Arteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	V HEROM	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BOKENO	July 5, 1927	Peritonitis	3 days ago
L. C.	The same of the sa		•	
			•	
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis '	1 year
			ε	

V. S. No. 1

	OF DEATH			207-9		10100
County.	Howard				Registration Dist. No/	192
The second	or City & sittle	W 3.		death occurred in a hospital or insti		
2. FULL	rasidance in city or town where	www.	111.11	ds. How long In U.S. if	of foraign birth?yrs	ds.
(a) Res	idence: No.	itless	mid.	St., Ward.		
		(Usual place o			If nonresident give city or to	
	ONAL AND STATIS	FICAL PARTIC	CULARS		CERTIFICATE OF DEA	ATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write tha word)	21. DATE OF DEATH	Oct. 3 (Month) (Day)	193 44 (Year)
HUSBAND (or) WIFE		Shilu	ey	22. I HEREB	Y CERTIFY, That I a	ttandad decaasad from
6. DATE OF RIE	TH (month, day, and year)	41,9	1880	I last saw h aiiva on	about ?	19: daath is said
7. AGE	Yaers Months	Days	If LESS than	to have occurred on the date sta	stad above, et 9 Pm.	
	55 9	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and ralated causes of importan	
Z & Jrade, I	of work done, as SPINNER, YER, BOOKKEEPER, atc.) -		Crushed	Skiell	Date of onset
		- arguers	Ce v	(dei	derch?	3-36
≪ Is y industry	or businass in which was dona, as SILK MILL, MILL, BANK, atc					
U 10. Date de	ceasad last workad at occupation (month and)	11. Total tim	ne (yaars)			
)	occup	pation Type	Othar Contributory Causes of im-	nortanea:	
12. BIRTHPLAC	E (city or town)	woll @	A .	, , , , , , , , , , , , , , , , , , ,	portonoo.	
1	country)	ud of	10000		• • • • • • • • • • • • • • • • • • • •	
13. NAME	jayero	w of the	yerry		•••••••••••••••••••••••••••••••••••••••	
	ACE (city or town)	Mid		Nama of oparation	D	ata of
(218	te or countrys	Will	D.		Was th	
15. MAIDEN		· I	ne .	23. If death was dua to axtarnal co	auses (VIOLENCE) fill in also tha f	following:
	ACE (city or town)	ild,		Whara did Injury occur?	Gaether M	ld
17. INFORMANT (Address		a d. Shif	iley	Spacify whether injury occurred	(Specify city or town, county in INOUSTRY, in HOME, or in PUE	and State) BLIC PLACE.
	MATION, OR REMOVAL	o. W. Def	6 ,1936	Manner of injury	by train walk	my on tras
19. UNDERTAKE	Meer m	Pagy Us	us,		way ralated to occupation of dacea	sad? 76
(Addrass	Syces	ville, "	nd,	If so, specify	· · · · ·	names
20. FILED. Q	£ 5 ,1936 al	ice It	Helle,	(Signed)	1 Smann	and mod

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ATABATTATATAT	CID A CITS	DOD	TREE TREE CONTRACT	COLD A LEGISLATED STATE OF	DV	DIVETOTANT
ADDITIONAL	STAUL	TUK	runinen	STATEMENTS	DI	FILISICIAN

M)	

PHYSICIANS should state of OCCUPA-A PERMANENT RECORD. Every item of infor-Exact statement properly classified. certificate. See instructions on back it may CAUSE OF DEATH in plain terms, so that mation should be carefully TION is very important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		-		93-2	
County Howard				Registration Dist. No. 192	
Village or City R.D.	2 Woodb	pine	, Md.	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town	where deeth occurr	red	yrsmos	s. 5. ds. How long in U.S. if of foreign birth?yrsm	number)
2. FULL NAME Jose;	ph V. Sh	iple	ey		
(a) Residence: No. Flo	rence, M	Ad . al place of	abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STA	TISTICAL P	ARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	OR DAY		ED. WIDOWED. (write the word)	21. DATE OF DEATH Oot 1, (Month) (Day)	_, 193 6
5a. If married, widowed, or divorced HUSBAND of					
	E. Shipl	ey		22. Self 30 1936 to Oct 1	deceased from
6. DATE OF BIRTH (month, day, end year)	July 1	0.	1862	0 / 1	a_; death is said
7. AGE Years Mon		ys	If LESS than	to have occurred on the date stated ebove, at	200
74	2 21	-	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc	R, Fa	rme	r	muocardito. Chr	2
kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc				0	
O Date deceased lest worked at this occupation (month end year)		Total times spent occupa	in this		
12. BIRTHPLACE (city or town) HOW &		Id.		Other Contributory Causes of importance: Acute Fastritis result	
	Shipley			laling him Walnuts	July 30 9
14. BIRTHPLACE (city or town) F1	ederick	Co		Name of operation	
(State of country)		Id.		What test confirmed diagnosis? Was there an	autopsy? No
15. MAIDEN NAME Elizal 16. BIRTHPLACE (city or town)	etn Gu	ytor	1	23. If death wes due to external causes (VIOLENCE) fill in also the followin	
16. BIRTHPLACE (city or town) (State or country)	M	ld.		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Mrs. Mary (Address) R. D. #2 Woo	E. Ship	ley Md.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	el Cent	у Ос	st.3,19 36	Manner of Injury	
19. UNDERTAKER (Address)	Helt-	rá		24. Was disease or injury in any way releted to occupation of deceased?	no
20. FILED Oct - 3 , 1930	E. Pear	21	MOUL	(Signed) Hauly Fraby	M. D.

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	Example I	1	Example II	
The principal ca	use of death and related causes ere as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	b	1915	Attack of epilepsy	1 week ago
Chronic interstitia	nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhag	ie .	July 5,1927	Peritonitis	3 days ago
Other contribute	ry cases of importance:	May 1,1923	Other contributory causes of importance:	1 year
<i>dunsiones</i>	NOV 3 1936	May 1,1320	distroction in the second seco	1 year
	BUREAU V. S.		•	

BINDING

RESERVED

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Arteriosclerosis	1915	Attack of cpilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 9 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(20)	
County Howard			Registration Dist. No.	191
Village or City E111c	ott City	(16	No. death occurred in a hospital or institution, give its NAME instead of ds. How long in U.S. if of foreign birth?yrs.	St.,Ward
			If U. S. Veteran, specify WAR	
(a) Residence: No. E11	Usual place	of abode)	St., Ward. If nonresident give city or	r town and State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DI	EATH
3. SEX 4. COLOR OR RACE M C	5. SINGLE, MAR OR DIVORCE WIO	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 31 (Month) (Day)	, 193 . 6
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of Annie Smi	th		22. I HEREBY CERTIFY, That INQUIRY 19 , to	l attended deceased from
6. DATE OF BIRTH (month, day, and year)	ecember	25.1866		_, 19; deeth is said
7. AGE Yeers Months	Days	II LESS then	to have occurred on the date steted above, at4PMm.	
70 10	6	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impor were as lollows:	tence Date of onset
8 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	time (years) nt in 1116	Cerebral Hemorrhage	
12. BIRTHPLACE (city or town)		прации	Other Contributory Causes of importence;	
	yland Smith		Atterio Sclerosis	
H 13. NAME Charles 14. BIRTHPLACE (city or town) (State or country) Man	yland		Name of operation	
15. MAIDEN NAME Ann Co	ollins vland		23. II death was due to externel causes (VIOLENCE) fill in elso th Accident, sulcide, or homicide? Date of inju	e following:
17. INFORMANT Minnie Hac (Address) 2200 Mc Cul		Balto.Md	(Specify city or town, cour Specify whether injury occurred in INDUSTRY, in HOME, or in F	ty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cooksville,	Id . Dete 11-	4-36 , 19	Menner of injury	
19. UNDERTAKER F.C. Higint (Address) Filicot			24. Was disease or injury in any way related to occupation of dec	eased?No

mation should be carefully supplied.

-WRITE PLA

TION is very important.

20. FILED Ofor: 4, , 1936

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3 30	54	
	11.	The state of the s	
Other contributory causes of importance:	B	Other contributory causes of importance:	10.00
Gallstones	May 1,1923	Gastroenteritis	1 year
eden u			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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BINDING

FOR

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MARGIN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M ż Date of enset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritisf Peritonitis 3 days ago Cerebral hemorrhage July 5,1927 Other contributory causes of manortance of Other contributory causes of importance: May 1,1923 Gallstones Gastroenteritis 1 year

N. B.

1. PLACE OF DEATH	(23)
County Haward	Registration Dist. No. 191
Village or City Ellewith City med.	NoSt.,Ward
Length of residence In city or town where death occurred 5 g yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
01 - 01 01 -	
2. FULL NAME Cales Jales	If U. S. Veteran, specify WAR
(a) Residence: No. Ellewill (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	actoher 15 193 6
m manue	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Margaret gave	9-10,1936,10 10-15,1936
5. DATE OF BIRTH (month, day, end year) Nov . // 1878	I lest saw him alive on 10-15, 19-36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et. 9: 17m.
5758 11 4 1day,hrs.	
1 & Dade profession or particular	were as follows: Date of onset Participation Participat
Rind of work done, as SPINNER, Harmen Marker.	
9. Industry or business in which	
Nind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked at this occupation (month end	-
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Ellical City, Mill.	-
13. NAME Robert gales	
13. NAME Robert Yates 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country) auguste	What test confirmed diagnosis? X - Pury - Sputum Was there en autopsy? No
15. MAIDEN NAME alue Woodall	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME alice woodall 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) England.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT May belt yates.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Ellist City , my.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place It Johns Cemeleyoute 10-17,1936	Nature of injury.
19 UNDERTAKER F.C. Hig intothous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Educat -city Orsel.	If so, specify
20. FILEO Oct. 16, 19 3 6 John B Loughan	(Signed) Swyle G. Jugton M. D.
Registrar.	(Address) Ellewith Mg Mel

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HOV 0 1. 5.			
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